

Indiana State Department of Health

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|---|--|--|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>010065</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/07/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ATRIA EASTLAKE TERRACE</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3109 E BRISTOL<br/>ELKHART, IN 46514</b>                                     |                          |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |  |
| R 000   | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates:<br/>June 6 and 7, 2012</p> <p>Facility number: 010065<br/>Provider number: 010065<br/>AIM number: N/A</p> <p>Survey Team:<br/>Shelly Vice, RN TC<br/>Carol Miller RN<br/>Honey Kuhn RN</p> <p>Census bed type:<br/>Residential: 75<br/>Total: 75</p> <p>Census payor type:<br/>Other: 75<br/>Total: 75</p> <p>Sample: 7</p> <p>Atria Eastlake Terrace was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality review 6/08/12 by Suzanne Williams, RN</p> | R 000  |  |                          |  |

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

JEVG11

If continuation sheet 1 of 1